

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/542 952 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21	1					
22	1					
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36			1			
37			1			
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.		←	19	←		←
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
S1						
S2						
S3						
S4						
S5						
S6						
S7						
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S10						
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S40						
S41						
S42						
S43						
S44						
S45						
S46						
S47						
S48						
S49						
S50						
TOTAL IND.						
TOTAL DEP.		←			↓	
TOTAL CLAIMS						

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